

ISSUE FILING STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	idw		07/10/01
O.I.P.E. CLASSIFIER		12	5/2
FORMALITY REVIEW	FF	1027	05/10/01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	01/10/01
2	02/10/01
3	03/10/01
4	04/10/01
5	05/10/01
6	06/10/01
7	07/10/01
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50	50/10/01

Claim	Date
Final Original	
51	01/10/01
52	02/10/01
53	03/10/01
54	04/10/01
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94	44/10/01
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96	46/10/01
97	47/10/01
98	48/10/01
99	49/10/01
100	50/10/01

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here